

1. CIR./DIST./DIV. CODE TNW	2. PERSON REPRESENTED Shaw, Alfredo	VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 2:04-020232-001 - Ma	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER FILED 8/25/05 D.O.	
7. IN CASE/MATTER OF (Case Name) U.S. v. Shaw	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Appointed Other Matters	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922G, F -- UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCIAL				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS PARSON KHUMALO, LINDA P. O. Box 40184 MEMPHIS TN 38174	13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel			
Telephone Number: (901) 832-4059	Prior Attorney's Name: _____ Appointment Date: _____  <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Deanne K. Vesco</i> Signature of Presiding Judicial Officer or By Order of the Court 08/22/2005			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)	Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
15. CATEGORIES (Attach itemization of services with dates)				
15. a. Arraignment and/or Plea	16. b. Bail and Detention Hearings	17. c. Motion Hearings	18. d. Trial	
19. e. Sentencing Hearings	20. f. Revocation Hearings	21. g. Appeals Court	22. h. Other (Specify on additional sheets)	
(Rate per hour = \$ )		TOTALS:		
16. a. Interviews and Conferences		17. b. Obtaining and reviewing records		
18. c. Legal research and brief writing		19. d. Travel time		
20. e. Investigative and Other work (Specify on additional sheets)		(Rate per hour = \$ )		
17. Travel Expenses (lodging, parking, meals, mileage, etc.)		18. Other Expenses (other than expert, transcripts, etc.)		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		Signature of Attorney: _____ Date: _____		
APPROVED FOR PAYMENT - COURT USE ONLY				
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE



# Notice of Distribution

This notice confirms a copy of the document docketed as number 49 in case 2:04-CR-20232 was distributed by fax, mail, or direct printing on August 29, 2005 to the parties listed.

---

Linda Parson Khumalo  
LAW OFFICE OF LINDA KHUMALO  
P.O. Box 40184  
Memphis, TN 38174

Edwin C. Lenow  
LAW OFFICES OF EDWIN C. LENOW  
100 N. Main Street  
Ste. 2325  
Memphis, TN 38103

Katrina U. Earley  
U.S. ATTORNEY'S OFFICE  
167 N. Main St.  
Ste. 800  
Memphis, TN 38103

Honorable Samuel Mays  
US DISTRICT COURT